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GUIDELINES FOR THE MILITARY MEDICAL EXAMINATION AND CLASSIFICAT--ETC(U)
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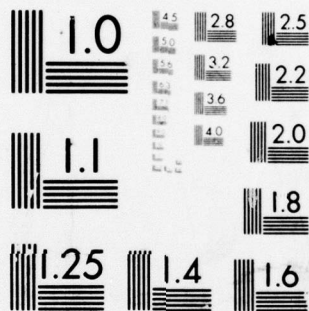
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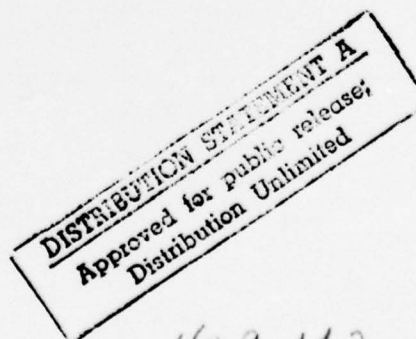
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GUIDELINES FOR THE MILITARY MEDICAL EXAMINATION AND
CLASSIFICATION IN THE NEW INDUCTION METHOD (MilMed/NIM)

/1*

→ The MilMed/NIM is to be applied, from 1976 on, during induction and at the time of examination by the doctor in connection with entering military service and during active duty as well as with the medical evaluation of doctor's certificates submitted by conscripts. When questions come up concerning fitness for military duty of a conscript, MilMed/NIM is to replace after the abovenamed date the guidelines for medical examination of conscripts and volunteers for entry into the Austrian Army and which are still being used during the transition period for evaluation of fitness for duty in field units. The MilMed/NIM is provisional in its present form and, for this reason, the documents are provided with a correction sheet which is to be continuously kept up to date.

In cases where, during the transition period, the old induction method is used and difficulties clearly appear during determination of fitness for military duty or lead to an inaccurate finding, it is the task of the doctors to make decisions. During the transition to the NIM, five-place numerical groups will be used for the illnesses.

It is thereby relatively easy to make a differentiation between the old and the new induction method since the old induction method uses three-place numerical groups. In cases of doubt, the new induction center in St. Poelten or the Senior Medical Officer of the induction center is available for advice and instructions.

Insofar as MilMed/NIM is concerned, it is also possible for difficulties or improprieties to occur in certain cases involving this approval. The doctor can, in these cases, deviate from directed standards for the classification of diagnoses of diseases and defects. (Cf. classification aid for diagnoses of diseases and defects.) He is nevertheless obligated to provide the basis for his decision.

MEDICAL EXAMINATION AND CLASSIFICATION

/2

I. INTRODUCTION

→ MilMed/NIM serves as guidance for the medical examination of conscripts and evaluation of utility for a military duty assignment. This is true both for induction as well as during active duty and, in the case of all remaining opportunities (field exercises, BTUE**, exceptional active duty), when the question comes up concerning fitness for duty and availability for assignment of a conscript.

→ The medical examination is for the purpose of elucidating the qualifications of an individual with respect to his health and performance potential. The performance potential is an assumption that the individual can satisfy an established work requirement and the conditions of health

* Numbers in the right margin indicate pagination in the original text.

**Translator's Note: Expansion unknown.

See also AD A040 293.

1

to be determined as clearly as possible. Diseases and bodily defects must be evaluated and classified since they limit the assumption of an individual for various tasks. A normal health, on the other hand, again says little concerning the performance potential. The positive factors must, for this reason, be determined as accurately as possible in order to produce a complete picture of an individual and to increase the possibility of placing him in the proper position.

The medical qualifications are combined into a descriptive profile (Tables II and III) which forms the medical basis for the fitness for duty of a conscript (selection for a specific service assignment, modified allocation, etc.).

The medical examinations can be carried out with respect to the existing requirement or to the availability.

As a rule, the capabilities for a complete standard examination in the health and performance sector is present in the MilMed/NIM.

When required, the examination can be completed by transferring the inductee to other medical facilities (HSP*, HSanA*, hospital, specialists, etc.).

With the field forces, the prerequisites for various examinations are often present and supply significant data concerning portions of the health and capacity profiles. However, in cases where the conditions of the field forces are not sufficient for an evaluation, the conscript can be referred to an induction board in order -- when other working conditions allow it -- to obtain more complete details or in order to undergo special examinations when it is considered absolutely necessary.

/3

Included below are the regulations concerning the examinations which must be carried out and instructions for the evaluation of health and performance findings. When working out details of the classification instructions for different conditions of disease and defects, consideration was given partially to the performance potential available and partially to the danger of the worsening of a disease which can appear as a consequence of stress owing to military service.

Such conscripts who have a defect in equilibrium but are still quite capable of performing civilian work should generally be employed in some kind of a duty assignment provided that the training for this duty assignment does not place higher requirements on the conscript than the duty assignment itself.

II. MEDICAL EXAMINATION AT INDUCTION

/4

1. GENERAL

The new induction method has the goal of ensuring an effective selection procedure whereby the inductee is placed in duty assignments for which best qualified owing to having proper prerequisites for fulfillment of his tasks.

*Translator's Note: Expansion unknown.

2. FORM FOR PERFORMANCE OF EXAMINATIONS

The medical examination procedure is so constructed that, by means of a broad investigative technique, data concerning the health and performance potential of an individual is collected. The scope of the induction activity, however, makes it necessary for the medical work at the induction centers to take on the character of an "assembly line system".

The various partial checks of the medical examination are carried out in a series of examining stations whose order of succession can vary. The checks in the laboratory, EKG as well as the general examination by the doctor shall nevertheless precede the physical work check.

The following is valid for examinations in the medical chain of checks:

Check in the laboratory: The urine is examined for presence of albumin, sugar, nitrite and pH. When justified, an examination of the urinary sediment or a quantitative determination of an infection of the urinary tract is carried out. The blood is examined using the hematocrit and the sinking time reaction.

Night vision: Night vision is tested using the nyctomat. An adaptation in a darkened room precedes the examination.

EKG: A rest in recumbent position precedes the check following which the recording takes place. The examination includes both extremities as well as the precordial leads.

Blood pressure and pulse: These functions are recorded before and after taking the EKG.

Visual acuity: Both eyes are checked together and separately, with or without correction. Additionally, it is recorded whether the person wearing glasses is near- or farsighted, which is the better eye, refraction spherically and cylindrically, astigmatism and color sense.

/5

Hearing: The left and right ears are tested separately and indeed the perception capability for 6000, 4000, 3000, 2000, 1000 and 500 Hz in stages at 20, 30, 40, 50 and 60 dB. The hearing loss is stated in decibels.

Lung function: Determination is made of vital capacity, Tiffeneau and maximum expiration flow 50.

Bodily measurements: Height, weight, chest and waist circumference as well as width of femoral condyle.

Body temperature: This is measured as required during rest before the EKG.

Muscular strength: The isometric muscular strength of the handgrip, arm bend and knee extension, all on the right side.

General Examination by Doctor

The past history data already collected are available to the examining doctor. The latter clears up still open questions in connection with the examination and checks medical certificates brought.

The examination by the doctor should take place in an enclosed examination room with one inductee at a time.

The examination by the doctor includes a physical examination with inspection of the buccal cavity and pharynx as well as an evaluation of status of teeth (chewing ability, occurrence of caries, possible prostheses, as well as hygienic conditions of the mouth, e.g., bleeding gums and inflammatory changes), change in thyroid gland with the lymph glands on the neck, auscultation and percussion of lungs and heart, examination of the organs of the stomach and hernia apertures, examination of the groin, examination of the sexual organs, inspection of back and extremities, complete evaluation of feet, inspection of skin and external veins, check of reflexes, evaluation of appearance and speech as well as inspection of organs of hearing and eardrum. The examination by the doctor can be expanded when necessary.

The result of the physical examination is set down by the examining physician into a so-called status sheet and signed.

/6

Physical Work Check

This is only carried out after the doctor has checked the examinations carried out earlier and when nothing is found adverse to carrying out the work check.

When carrying out the work check, safety regulations must be heeded.

3. EVALUATION AND ASSESSMENT OF DISEASES/ACTUAL PROFILE

Only findings deviating from the standard are examined in the general medical examination. Thereby, the classification aid for diagnoses of diseases and defects are used with the diagnostic numbers which are taken from the disease catalog. Every examination finding (diagnosis) is accordingly given a five-place number.

The examination enables determination of illnesses or ailments which can be specified by a seven-place number.

This number is composed of:

- a. One five-place number for the diagnosis corresponding to the illness (ailment) determined = diagnostic number.

According to the disease catalog

532.99 ulcus duodeni

- b. A number is added to each established diagnosis which specifies the location of the illness (ailment) = location number.

532.99 ① because of general illness

1	=	General	5	=	Abdominal wall
2	=	Arms	6	=	Eyes (without seeing ability)
3	=	Legs	7	=	Ears (without hearing ability)
4	=	Trunk	8	=	Ears (with hearing ability)

c. Lastly, there additionally comes for the diagnosis a seventh digit = classification digit for classification of the illness (ailment) from the military-medical viewpoint (i.e., how more or less will the illness (ailment) affect employment in the military service).

532.99 1 ④ because no florides ulcus.

The doctor can, under certain circumstances, deviate from the "classification aid for diagnoses of diseases and defects" but must provide reasons for this action.

/7

Every examination finding worthwhile is to be noted down and in this way given with a five-place number in accordance with the disease catalog and a single-place location datum of a single-place classification.

Example: 550.9956 = inguinal hernia (localized in the abdominal wall = 5, as well as with the appraisal: moderate reduction in availability for assignment = 6). The seven-place number (550.9956) is called the graduated diagnosis.

For every inductee examined, the diagnoses are placed in a special series. The section arrangement of the disease catalog and the location of ailments result in 42 different variable positions. In this way, the health profile lists diseases in groups and enables the statement of location possible with every disease group (cf. Enclosure 1). The numbers in the 42 variable positions express the state of health of the individual. A corresponding figure of merit can be allocated to each of these 42 variable positions. If no disease is determined by the doctor, the highest figure of merit, accordingly nine, is automatically entered by the ADP. Diseases determined taken on by the location specified by the doctor a specific military classification or figure of merit. In order, for example, to record an inguinal hernia (diagnosis No. 560.00), the location No. 5 for abdominal wall and the figure of merit 1 for temporarily unfit for duty is stated. The graduated diagnosis would therefore read 560.005 1 (= seven-place diagnosis).

The health profile is transformed into a health profile value which forms the initial basis for the assignment of the inductee to specific duty assignments. This health profile value is called the actual profile. The number of different actual profiles is too large and, for this reason, a concentrated listing of diagnoses is set up which is suited to the various groups of duty assignments. These profiles which are termed prescribed profiles number at this time 21. They are set up according to the same system as the actual profiles.

In cases requiring a figure of merit 1 (temporarily unfit for duty), the year of the next examination is also given.

The health profile (actual profile) determined in this way is set up using ADP when selecting conscripts for a specific duty assignment.

When an inductee receives a number of diagnoses and the doctor accordingly determines that the availability for assignment of the person examined has been essentially reduced, the doctor indicates a multiple diagnosis using a number between 0 and 3 which is to be placed in the 43 position of the health profile. If no multiple diagnosis is namely carried out, the 43 position automatically receives the figure of merit 9.

4. EVALUATION AND DETERMINATION OF PERFORMANCE (PERFORMANCE PROFILE)

The performance profile expresses the evaluation of the examinee insofar as physical performance potential is concerned. Out of the investigative points listed earlier in Section II.2, the following factors are involved in the performance profile:

- Height
- Muscular strength
- Physical capacity for work (PWC)
- Visual acuity
- Color sense
- Night vision
- Hearing

The result of the examination is distributed according to the scale in which the level is determined by the measurement result. A measurement result is given in the question of muscular strength which consists of a combination of the measured gross strength of handgrip, arm bend and knee bend (cf. code key for the medical performance profile, Table III).

III. MEDICAL EXAMINATION UPON ENTRY INTO SERVICE OR DURING ACTIVE DUTY

1. GENERAL

Through the examination during induction, the military doctor receives access to a rather large number of basic medical data concerning the individual conscript. This means a significant gain for the health care of the conscript.

/9

2. FORM FOR PERFORMANCE OF EXAMINATIONS

The orientation examination is carried out as previously.

3. EVALUATION AND DETERMINATION OF DISEASES

In the matter concerning points 2 and 3 mentioned here, what has been stated above under II in points 2 and 3 is valid. For management in the field forces, use is made of the guidelines for manual preparation of the actual profile in the case of change of requirements for the designated prescribed profile and the summary of the prescribed profiles with allocation of corresponding figures of merit in the case of a possible change in the prescribed profile of the conscript. The application is nevertheless limited only to those conscripts which were examined closely in accordance with MilMed/NIM.

TABLE I

Figure of Merit of One Disease (Ailment) for Military Assignment

<u>Assignment</u>	<u>Figure of Merit</u>
Fully employable in the Army (no diagnosis in relevant disease group)	9
Fully employable in the Army (with insignificant ailments)	8
Effect on employment in the Army:	
Slight reduction	7
Moderate reduction	6
Least significant reduction	5
Significant reduction	4
Very significant reduction	3
Unfit for mobilization assignment but can be used for peacetime (assignment usually in accordance with civilian occupation)	2
Temporarily unfit	1
Unfit	0

TABLE II

/10

Summary of the Health Profile

Sec. I	Sec II	III	IV	V	Sec VI	Sec VII	VIII
General	General				General	General	
Arms	Arms				Arms	Arms	
Legs	Legs				Legs	Legs	
Trunk	Trunk				Trunk	Trunk	
					Eyes		
					Ears		
					Murmur		
Sec IX	X	XII	Sec XIII	Sec XIV	Sec XVI	Sec XVII	
General			General	General	General	General	
Abdominal wall			Arms	Arms	Arms	Arms	MULTIPLE
			Legs	Legs	Legs	Legs	DIAGNO-
			Trunk	Trunk	Trunk	Trunk	SES

The figures for the diagnosis are to be read out from the two books which show the possible diagnoses both alphabetically and according to a systematic arrangement. The systematic order includes 17 sections:

- I = Infectious diseases and parasitic disorders
 II = Neoplasms

- III = Disorders of the endocrine system including disorders involving nutrition and metabolism
- IV = Disorders of the hematopoietic apparatus and blood
- V = Mental illnesses
- VI = Disorders of the nervous system and the sense organs
- VII = Disorders of the circulation organs and circulatory system
- VIII = Disorders of the respiratory apparatus
- IX = Disorders of the digestive apparatus
- X = Disorders of the urogenital tract
- XI = Blank
- XII = Disorders of epidermis and dermis as well as appendages
- XIII = Disorders of skeletal muscle and connective tissue (also rheumatism)
- XIV = Congenital malformations
- XV = Blank
- XVI = Symptoms or disorders difficult to define
- XVII = Injuries owing to external trauma and poisoning

/11

The examining doctor accordingly must define a specific disorder and appraise its effect on the military service.

For this reason, an expert military-medical opinion is available in the graduated diagnosis.

There is still a third book used to assist the "appraisal from the military viewpoint". This provides in cases of doubt a from-to appraisal. The figures of merit of the diseases determined form in the aggregate the health profile.

Composition of the Performance Profile

Code key for medical performance requirements. Cf. Table III.

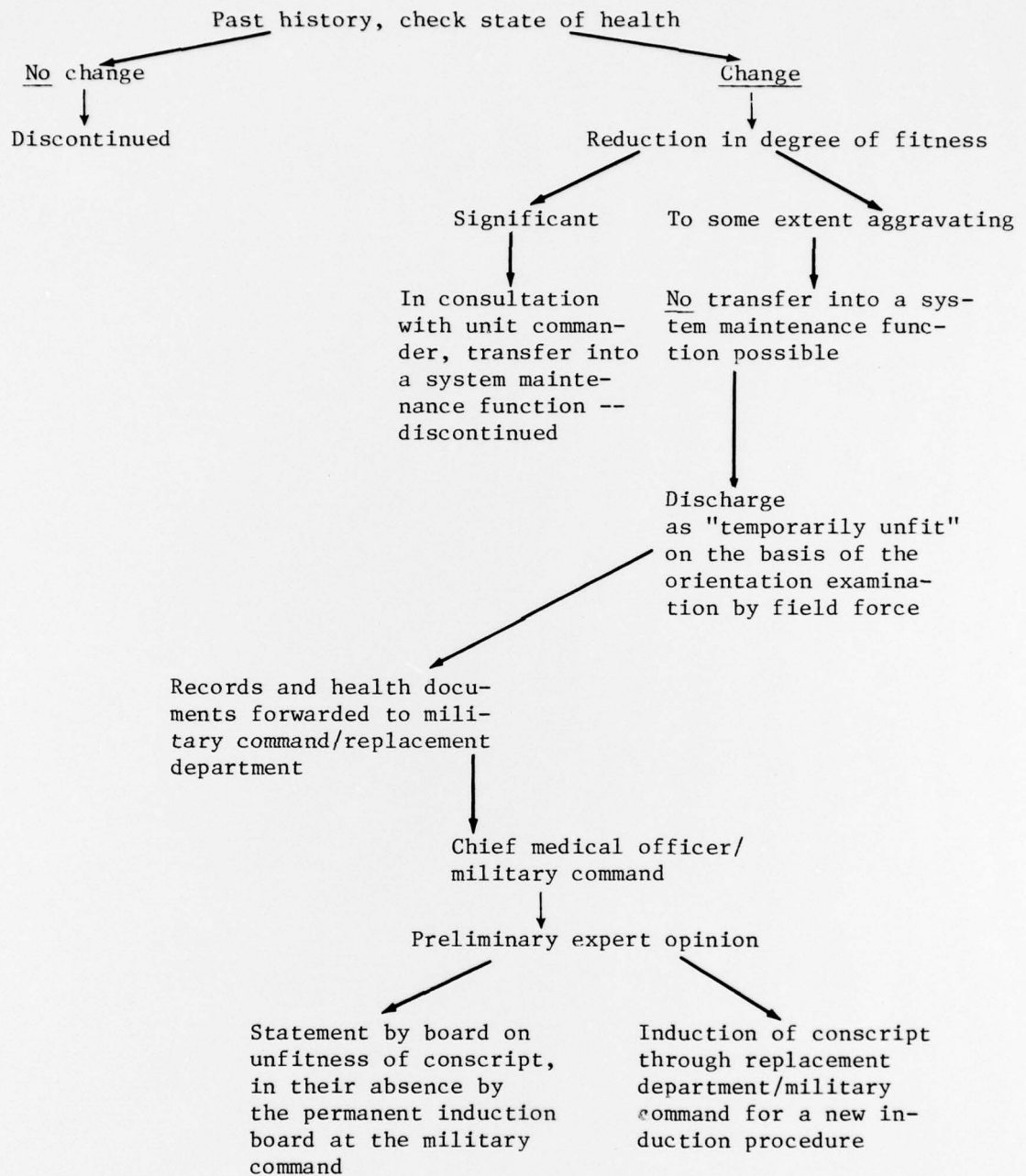
Special Instructions for Assisting Appraisal of Diagnoses, Diseases, Ailments

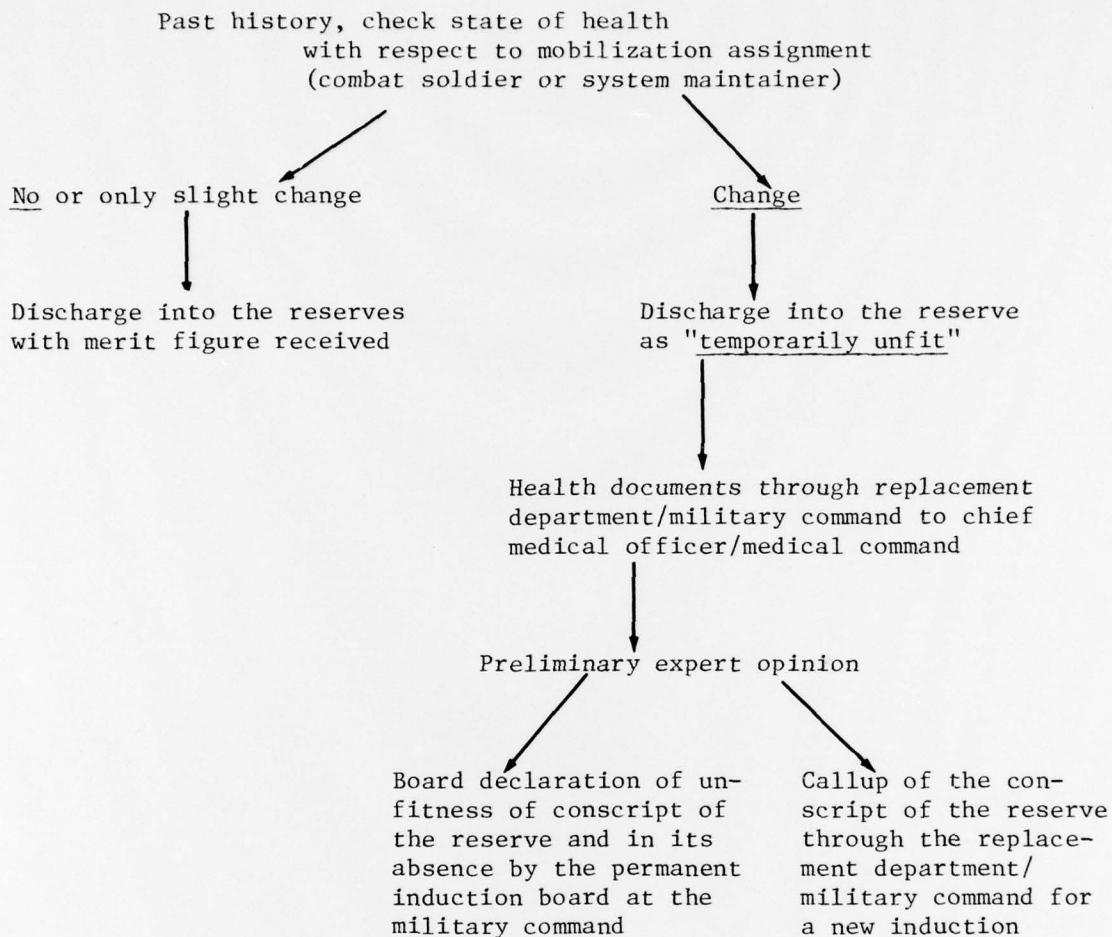
Such diagnostic numbers which are not found in this listing can as a rule be taken from the disease catalog. The classification by the doctor results through assessment of the actual case.

TABLE III.

Composition of the Performance Profile - Code Key for Medical Performance Requirements

Requirement	Merit	Measurement Values	Requirement	Merit	Measurement Values	Requirement	Merit	Measurement Values
Height in cm	9	191 cm or greater	PWC max in kpm/min	9	1,651 kpm	Night vision	9	1 : 1.43 or less
	8	186 - 190 cm		8	1,551 - 1,650		7	1 : 2.0
	7	181 - 185		7	1,451 - 1,550		5	1 : 2.7
	6	176 - 180		6	1,351 - 1,450		3	1 : 5
	5	171 - 175		5	1,251 - 1,350		1	1 : 20
	4	166 - 170		4	1,151 - 1,250			
	3	161 - 165		3	1,051 - 1,150	Hearing	9	20 dB at 500, 1000, 2000, 3000, 4000 and 6000 Hz with both ears
	2	156 - 160		2	901 - 1,050		7	20 dB at 500, 1000, 2000 and 3000 Hz with both ears
	1	150 - 155		1	801 - 900		5	20 dB at 500, 1000, 2000 Hz with the better ear
	0	149 cm or less		0	- 800			
- 9 -			Vision		Without correction			
			(Merit)	With correction	Without correction			
			9	b	s			
			8		1.0			
			7	0.7	0.7			
			6	0.7	0.7			
			5	0.7	0.3			
			4	0.7	+			
			3	0.6	0.1			
			2	0.5	-			
			1	0.4	0.1			
				0.3	-			
				less than merit 2				
			b =	better eye				
			s =	poorer eye				
			+	farsighted				
			-	not farsighted				
Muscular strength	9	250 -	Color sense	9	Color vision			
	8	240 - 249		5	Partial color vision			
	7	230 - 239						
	6	215 - 229						
	5	200 - 214						
	4	175 - 199						
	3	135 - 174						
	2	100 - 134						
	1	- 99						





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